



The City of Martinsville is an Equal Opportunity Employer. No person shall be refused employment, denied promotion or assignment, discharged or otherwise discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age political affiliation, physical or mental disability, or any other non-job related factor, except when certain physical and mental requirements are bona-fide occupational qualifications. **Applications are accepted for vacant positions only.**

**APPLICATION FOR
EMPLOYMENT**
Human Resources Office
PO Box 1112
55 West Church Street
Martinsville, VA 24114-1112
(276) 403-5181; FAX (276) 403-5375
Internet:
<http://www.ci.martinsville.va.us>
E-mail Address:
ci.martinsville.va.us

INSTRUCTIONS – Please complete all sections of this application. Your application will be used as part of the certification process and should represent your best effort. Applications must be received by the deadline date and will be retained in an active file for twelve months. All statements are subject to investigation and verification. An incomplete or falsified application is grounds for immediate disqualification. A resume will not be accepted in lieu of a completed application.

PRINT OR TYPE ALL INFORMATION

POSITION APPLIED FOR _____ **DATE OF APPLICATION** _____
(Give Exact Title)
WHEN CAN YOU BEGIN WORK? _____ **SALARY EXPECTED** _____

PERSONAL INFORMATION

Last Name	First Name	MI	Mailing Address	City	State	Zip	Telephone Number	
							Home	Other

If offered a position, within three working days of employment you will be required to present documents proving identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986. Are you legally eligible to work in the U.S.? ____ Yes ____ No

Except for moving traffic violations and juvenile offenses, have you ever been convicted (found guilty, sentenced, or fined) of any violation of law? ____ Yes ____ No. Include conviction by general court martial while in the military service. Your criminal history will be checked; falsification of an employment application is grounds for immediate disqualification or dismissal. A conviction does not automatically disqualify you as an applicant. The nature of the offense and when it occurred will be considered. If yes, explain and give all the facts. _____

Have you ever been dismissed or forced to resign from a job? Please explain. _____

Are you currently employed by, or have you ever worked for, the City? ____ Yes ____ No	Department	When
Do you have any relatives that work for the City? ____ Yes ____ No If yes, list name(s).	Department	Relationship

Driver's License Information. If the position requires a driver's license, please provide the following information. Answer only if required.	Regular Driver's License #		Commercial Driver's License #		
	State	Expiration Date	State	Class or Type	Expiration Date

JOB-RELATED EDUCATION AND TRAINING

Name of School	Address of School City and State	Major Field of Study (If Applicable)	Highest Grade Completed or Degree Received
High School (includes GED equivalency)			
College or University			
Graduate Work			
Technical/Military/Other			
Job-Related Skills			
Office Machinery, Heavy Equipment you can operate			
Computer Skills/Software			
Licenses/Certifications			

WORK EXPERIENCE

Beginning with your current or last position, list your full-time, part-time, and temporary work experience. Include job-related military service assignments and volunteer activities. Additional sheets or a resume may be attached, if needed.

Name of Employer Address	Current/Last Position Held	From To	Name and Title of Immediate Supervisor Telephone Number	Starting Salary
Number of Hours Worked per week ____ FT ____ PT	Number of Employees Supervised	Reason for Leaving If currently employed, may we contact your employer?		Final Salary
Duties performed:				

Name of Employer Address	Last Position Held	From To	Name and Title of Immediate Supervisor Telephone Number	Starting Salary
Number of Hours Worked per week ____ FT ____ PT	Number of Employees Supervised	Reason for Leaving		Final Salary
Duties performed:				

Name of Employer Address	Last Position Held	From	Name and Title of Immediate Supervisor Telephone Number	Starting Salary
		To		
Number of Hours Worked per week ____ FT ____ PT	Number of Employees Supervised	Reason for Leaving		Final Salary
Duties performed:				

Name of Employer Address	Last Position Held	From	Name and Title of Immediate Supervisor Telephone Number	Starting Salary
		To		
Number of Hours Worked per week ____ FT ____ PT	Number of Employees Supervised	Reason for Leaving		Final Salary
Duties performed:				

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal. I further acknowledge that any or all information provided by me is subject to verification and I authorize the City of Martinsville to conduct a personal background investigation of me, including any current or prior criminal arrests, convictions, and driving history. By my signature below, I authorize the City of Martinsville to contact my current and/or all former employers, as well as schools or other educational institutions that I may have attended, and obtain any information about my qualifications for employment including current or prior work history, scholastic ratings and records, and any other information they may have regarding me, whether or not it is on their records. I understand that this completed application and any materials submitted with it are the property of the City of Martinsville. I also understand that any offer of employment is contingent upon my ability to produce any required documentation and pass various job-related examinations prior to my employment being official and complete.

Applicant's Signature	Signature Date
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**City of Martinsville
Equal Employment Opportunity Information**

**PLEASE COMPLETE THIS FORM – IT IS VOLUNTARY AND WILL NOT BE USED FOR MAKING
EMPLOYMENT DECISIONS.**

The information requested in this section is voluntary; should you refuse to provide the information, no adverse treatment will result with regard to the employment or selection process. The data will assure compliance with State and Federal Equal Employment Opportunity laws and help the City meet the reporting requirements of these laws. This data *will not* be used for making employment decisions, but will allow the City of Martinsville to measure the effectiveness of our Equal Employment Opportunity Policy. After the information is received, this page will be removed and will not be retained with your employment application.

BIRTHDATE	MALE	FEMALE
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ETHNIC ORIGIN. PLEASE CHECK THE ONE BOX WHICH BEST DESCRIBES YOUR ETHNIC ORIGIN.

<input type="checkbox"/>	White (not of Hispanic origin) – All persons with origins in any of the peoples of Europe, North Africa or the Middle East
<input type="checkbox"/>	Black (not of Hispanic origin) – All persons with origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Asian or Pacific Islander – All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea and Samoa.
<input type="checkbox"/>	American Indian or Alaskan Native – All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**CHECK THE ONE BOX THAT BEST DESCRIBES THE HIGHEST LEVEL OF EDUCATION
YOU HAVE COMPLETED.**

<input type="checkbox"/>	Less than 8th Grade	<input type="checkbox"/>	Completed 8th Grade
<input type="checkbox"/>	Attended High School	<input type="checkbox"/>	High School Graduate or Equivalent
<input type="checkbox"/>	Attended College	<input type="checkbox"/>	Four-year College Graduate
<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>	Other

**CHECK THE BOX WHICH BEST DESCRIBES HOW YOU HEARD ABOUT
EMPLOYMENT OPPORTUNITIES WITH
THE CITY OF MARTINSVILLE.**

<input type="checkbox"/>	Virginia Employment Commission	<input type="checkbox"/>	City employee
<input type="checkbox"/>	Newspaper Advertisement	<input type="checkbox"/>	City cable, City Internet, or City Job Announcement
<input type="checkbox"/>	Friend or Relative	<input type="checkbox"/>	Other (identify)

Thank you for considering the City of Martinsville as a possible employer. If you need clarification or additional information about this form, please contact the Human Resources Office at (276) 403-5181.

**APPENDICES 1, 2 AND 6 MUST BE
NOTARIZED AND RETURNED WITH
APPLICATION.**

**MARTINSVILLE POLICE DEPARTMENT
EMPLOYMENT APPLICATION AND SELECTION MANUAL**

The purpose of this manual is to set forth guidelines and procedures to be followed in the application and selection process for employment with the Martinsville Police Department. The guidelines and procedures outlined in this manual also provides for the development of a pool of qualified, tested applicants to draw from whenever vacancies occur within the Police Department.

Equal Employment Opportunity Policy

The City provides equal employment opportunity to its employees and applicants for employment on the basis of merit and qualifications without regard to such factors as: race, color, religion, national origin, political affiliation, sex, age, or handicap, except where there is a bona fide occupational qualification relating to sex, age, or handicap. This policy is followed in all personnel actions, including but not necessarily limited to recruitment; selection and hiring; promotion; compensation and benefits; transfer; layoff; return from layoff; economic demotion; disciplinary action; training; and the handling of grievances. Any City employee who fails to comply with this policy is subject to disciplinary action.

The complete Equal Employment Opportunity Policy Statement for the City is on file in the City Human Resources Office.

Legal Requirements

A. In accordance with the Code of Virginia, Section 15.2-1705, any sworn police officer employed by the City of Martinsville Police Department after July 1, 1988 is required to meet the following minimum qualifications for officer. Such person shall:

1. Be a citizen of the United States.
2. Be required to undergo a background investigation including a fingerprint check and a criminal history records inquiry to the Central Criminal Records Exchange.
3. Have a high school education or have passed the General Education Development exam.
4. Possess a valid Virginia driver's license.

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5. Undergo a physical examination conducted under the supervision of a licensed physician.
- B. The Department of Criminal Justice Services is authorized to waive the requirements as set out in Section A for good cause shown.

Physical Requirements

The following are ideal physical attributes looked for by the Martinsville Police Department. Failure to meet one or more of these standards will not necessarily disqualify an applicant. Prior police experience, maturity or exceptional ability may effect a waiver.

- A. Age: Applicants must have reached their twenty-first (21) birthday.
- B. Height: The desirable height of applicants shall be at least 5'8" without shoes.
- C. Eyesight: 20/20 in each eye is desirable. All defects must be correctable to 20/20 with corrective lenses.
- D. Hearing: Must be within an acceptable range, when the age of the applicant is considered and as determined during the medical examination.
- E. Speech: Applicants must be able to speak English in a clear understandable manner, free of impediment.
- F. Teeth: Must be clean, well cared for and free from multiple cavities. Dentures properly constructed and fitted will be accepted.
- G. Agility: Police officers are involved in strenuous activities, including running, climbing and the physical handling of arrested people. Therefore, in addition to a physical examination, each applicant must pass several agility tests conducted by the department.

Mental Health Requirements

Applicants must be in sound mental and physical condition as the police profession can be stressful, both on duty and off. Mental or nervous disorders or history of such may be reason for disqualification.

Moral Requirements: Applicants must be of high moral character.

- A. Applicants convicted of a felony will be disqualified. An arrest for a felony may disqualify an applicant based on a thorough investigation. A conviction of certain serious misdemeanors or numerous accidents or traffic convictions may also disqualify an applicant.
- B. Applicants must not have any garnishees, wage assignments or judgments pending against them or a history of such. In addition, an applicant's current total debt must be within reason so that obligations may be met on the salary of a probationary police officer.

Educational Requirements

Applicants will be accepted with a high school education or GED but must agree to complete an associate degree in law enforcement within four (4) years from

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date of hire. City will pay up to \$1,250 per year toward the attainment of such degree. ([See Appendix 6](#))

Residency Requirements

- A. Applicants must be citizens of the United States.
- B. Applicants may apply from anywhere but upon appointment must agree to move to Martinsville or Henry County within ninety (90) days; a City residency is preferred.

License Requirement

Applicants must have a valid Virginia operator's license at the time of appointment.

APPLICATION

(First Stage)

Applicants must complete a standard City of Martinsville application for employment, available at the City Human Resources Office. Applicants must sign the following release forms, have them notarized (with notary seal), and return with application:

- A. Physical Agility and Physical Fitness ([See Appendix 1](#))
- B. Release for Background Investigation ([See Appendix 2](#))

Employment applications for the position of Police Officer will be accepted during the formal advertising period in August of each year or during other additional formal advertising for applicants that may be necessary. All applications will be reviewed at the end of each formal advertising period.

- A. Only a limited number of applicants will be tested each year. Qualification according to the following prioritized criteria shall be considered in determining the applicants who will be selected for testing.
 - 1. Master's
 - 2. Bachelor's
 - 3. Associate
 - 4. High School or GED
- B. The following will be considered in addition to education:
 - 1. One or more years of law enforcement experience, including completion of basic law enforcement training.
 - 2. Two or more years of military police experience.
 - 3. One or more years experience in a law enforcement-related field.
 - 4. Recommendation by any member of the Martinsville Police Department.
 - 5. Previous experience in a law enforcement sponsored Explorer Post and recommendation by the Advisor.

Those applicants not selected to participate in the testing process will be notified by the Human Resources Office and/or the Police Department in a timely manner.

Applicants chosen to participate in the second stage of the employment procedures (Initial Testing) will be notified of date for appearance at the Martinsville Police Department for brief orientation of the testing process. The applicant will be responsible for any travel or lodging expense incurred during orientation or testing period. During orientation, candidates will be given study guides which will aid in preparation for the written test.

INITIAL TESTING

(Second Stage)

Initial testing will consist of the following four categories:

A. Written Test

1. The written test for entry level police officer is supplied by the International Personnel Management Association and has been documented as meeting the requirements for validity, utility and minimum adverse impact. The written test is designed to evaluate applicants' ability to function as police officers. The test is composed of questions in the following areas:
 - (a) Memory - Applicants must be able to recognize faces and remember personal history after a study period of a variety of photographs and related personal information.
 - (b) Mathematics - Applicants must be able to solve general math problems relating to speed of vehicles, money exchanges, etc.
 - (c) Vocabulary - Applicants must be able to select the correct definition of words associated with police work and general conversation.
 - (d) Reading Comprehension - Applicants must be able to read selected paragraphs and determine their meanings from a group of related statements.

2. A score of 70% is required to pass the International Personnel Management Test. If an applicant fails the test, they will be ineligible for consideration for employment at this time but may retake the test when the department holds the next testing session.

B. Nelson Denny Reading Test

Designed to measure reading comprehension and speed, and determine the reading grade level of the applicant. The test is administered by the Piedmont Regional Criminal Justice Training Academy. A reading grade level of 10 is desirable.

1. A score of 10 is required to pass the Nelson Denny Reading Test. If an applicant fails the test, they will be ineligible for consideration for employment at this time but may retake the test when the department holds the next testing session.

D. Physical Fitness Test

Each candidate will undergo a physical fitness evaluation. This fitness examination is conducted by the Piedmont Regional Criminal Justice Training Academy physical fitness instructor, under the supervision of the Assistant Chief of Police, using valid, useful, and non-discriminatory procedures. Fitness components and measurements include:

1. Resting heart rate, resting blood pressure, and body weight. A ten-minute period of rest will precede measurements of resting rates.
2. Dynamic strength will be measured by counting the number of sit-ups the candidate can complete properly in one minute; sit-ups with legs bent at 45 degree angle, hands clasped together behind the head and shoulders must touch floor after each sit-up.
3. Flexibility is measured with the candidate sitting on the floor, shoes off, feet flat against measuring box, hands placed on top of each other, bending forward and reaching as far forward and along a ruler as they can. No bouncing forward; three attempts; longest reach counts.
4. Body fat percentage is measured by using a Tanita Weight management program that consists of a Tanita scale and computer. The candidate's information, such as height, sex and age is entered into the computer and is used in the computation of the candidate's body fat. The candidate steps on the scale barefooted and a small electrical charge is sent through the body which measures the body fat by the amount of resistance the electrical charge encounters in the body. The scale automatically feeds the information into the computer where the body fat percentage is calculated.
5. The 1.5-mile run is a timed test. The candidate will complete the run in the quickest possible time for the maximum accumulation of points.
6. Bench Press – The candidate will press the maximum amount of weight one time. The candidate must have both feet on the floor. When ready to lift, the candidate will lower the bar to their chest, stop, and then make the lift. In order for the lift to count, the candidate must hold the lift until the evaluator verifies the lift.
7. Lateral Pull Downs – Either from a seated or kneeling position, the candidate pulls the bar behind the head to the occipital region at the back of the skull, then returned to the starting position with arms fully extended. The test is terminated when the candidate no longer can pull the bar behind the head. Weight for males is 100 pounds; for females is 70 pounds.

8. All measurements are scored using guidelines set forth by the “LawFit Fitness Program”. The “LawFit Fitness Program” was developed by Dr. David Beaver with George Mason University and implemented by the Department of Criminal Justice Services July 1, 2000, to be used in all Criminal Justice Training Academies in the State of Virginia.

E. Physical Ability Course (Obstacle Course)

The physical ability course is designed to measure the basic physical skills necessary for the successful performance of a law enforcement officer. This course is a timed event and is a total of 150 yards long and consists of ten tasks that must be successfully completed. The candidate starts in a seated position simulating emerging from a patrol car. The candidate is given a physical description of a suspect and given the command to “GO”, and the time starts.

The candidate then:

- ⌚③ Emerges from the simulated police car
- ⌚③ Sprints 25 yards
- ⌚③ Jumps a simulated 3-foot ditch
- ⌚③ Sprints 25 yards
- ⌚③ Climbs over a 5-foot wall
- ⌚③ Sprints 10 yards
- ⌚③ Crawls under an obstacle 24” high and 10’ long
- ⌚③ Sprints 25 yards
- ⌚③ Climbs up and down a standard 8” step for 12 repetitions
- ⌚③ Sprints 15 yards
- ⌚③ Crawls through a window opening 36” wide by 30” high, 3 feet above the ground
- ⌚③ Sprints 10 yards
- ⌚③ Identifies suspect by shouting the correct number of the suspect
- ⌚③ Sprints 15 yards
- ⌚③ Drags a 150 pound bag or dummy 5 yards
- ⌚③ Sprints 20 yards
- ⌚③ Pulls the trigger of an unloaded double-action weapon one time, while holding it with the strong hand within a 6” diameter border at shoulder level; withdraws the weapon from the border, switches the weapon to the weak hand, replaces it in the border and pulls the trigger one time
- ⌚③ When the weapon is replaced on its rest, the time stops

The course is completed when the candidate successfully completes each task and finishes with an elapsed time of 1:54 min. or less.

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Eligibility

Upon successful completion of the initial testing process (second stage), applicants will be placed on an eligibility list as candidates for Trainee/Police Officer or as Police Officer if applicant is already certified as a Virginia Police Officer.

Once an applicant's name is placed on the eligibility list, it will not be removed unless:

1. the applicant fails to update the application, as required, or
2. further investigation reveals the applicant is unsuitable for employment and is so notified, or
3. the applicant requests in writing or by other contact with the department's administration that his/her name be removed, or
4. upon employment by the department.

Vacancies

When a vacancy occurs in the department, the Chief of Police and his administrative staff shall select candidates from the eligibility list for further consideration and testing. Selection from the eligibility list will be based on the International Personnel Management Association Test, the Nelson Deny Reading Test, educational level, prior police experience or special abilities, and specialized training. The needs of the Martinsville Police Department as well as the overall needs of the community shall also be taken into consideration.

FINAL TESTING

(Third Stage)

Each candidate will be notified of date and time for further testing which will include the following categories:

Background Investigation

- A. The Chief of Police will ensure that a background investigation is conducted of each candidate prior to appointment. Normally, such investigation will be assigned to the Assistant Chief of Police or his designee, who has been trained in collecting the required information. The administrative officer will use all data available on the candidate, especially the application form and medical history questionnaire. Investigations will be conducted in person, unless great distances are involved in which case mail and telephone inquiries are appropriate.
- B. The background investigation of regular police applicants will include the verification of a candidate's qualifying credentials to include, at a minimum:

1. Educational Achievements: Obtain copies of school transcripts, if possible. Contact school officials for personal information.
2. Employment: Verify employment, past and present.

3. References: If possible, obtain supervisory evaluation of work performance and co-workers comments.
4. Age/Citizenship - Verify birth data, naturalization, etc.
5. Residence - Verify past and current residence; contact landlords, neighbors.
6. Credit history
7. Medical history (after conditional offer of employment)
8. Division of Motor Vehicles transcript
9. A review of a candidate's criminal record, National Crime Information Center (NCIC), state, local records, fingerprint check through the Federal Bureau of Investigation (FBI) and Central Criminal Records Exchange (CCRE).
10. Verification of at least three personal references as provided by candidate and development of at least three additional personal references (teachers, landlords, neighbors, friends, co-workers) not listed by candidate.

Polygraph Examination

Each candidate will be given a pre-employment polygraph examination. Candidates will be asked to complete a polygraph health questionnaire and to sign an agreement to submit to polygraph examination. Pre-Conditional Offer of Employment Evaluation

A. Candidates deemed by the Department administration to be most qualified will be scheduled to take a Pre-Conditional Offer of Employment Examination developed through Psychological Health of Roanoke. Candidates must pass the Examination with one of the following scores to be considered for future employment purposes. The examination will be administered by the department administration.

1. Not Recommended Category I
2. Marginally Recommended Category II
3. Recommended with Reservations III
4. Recommended Category IV
5. Highly Recommended V

Medical Examination (after conditional offer of employment)

- A. Applicants must pass a thorough physical examination by a licensed physician selected by the Chief of Police or his designee.
- B. In accordance with the City's policy on the use of drugs and alcohol by City employees and applicants, each candidate must submit to drug analysis prior to appointment following guidelines set out by City policy.

- C. All expenses related to the examination will be borne by the Police Department.

Post-Conditional Offer of Employment Evaluation

Candidates will be scheduled for a Post-Conditional Offer of Employment following a Pre-Conditional Offer of Employment Evaluation to be conducted at the Lewis Gale Department of Psychological Medicine. Candidates must receive a favorable evaluation report in order to be considered for future employment purposes.

Oral Interview

The Chief of Police, in conjunction with other administrative officers, as one of the final steps in the selection process, will conduct a personal interview with the candidate. The purpose of this interview is to evaluate the candidate's potential as a police officer in terms of his understanding of the job requirements, job stresses, and job demands, as well as to explain the pay, benefits, obligations, and responsibilities of the job. An oral job offer may be made at this time, subject to subsequent written confirmation.

Notification of Applicant

Each applicant will be notified in writing by the Chief of Police, either during or at the conclusion of the application process, concerning the progress of the application and the possibility of employment. A copy of the correspondence will be forwarded to the Human Resources Office.

Reinstatement

- A. Employment will be evaluated and preference extended to former employees of this department who meet the following criteria:
1. Must meet minimum requirements established in VA Code 15.2-1705;
 2. Obtained regular status; not probationary status with this department;
 3. Resigned from the department in good standing;
 4. Must pass additional background investigation;
 5. Maintained certification within the 2-year time frame through a certified Virginia Training Academy.
- B. Consideration for employment will be extended to individuals meeting the above-established criteria at any time during and after the commencement of any ongoing recruitment process.

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Lateral Entry

Consideration for employment will be evaluated and preference extended to other individuals currently certified with a certified Virginia law enforcement agency who meet the criterion in 1, 2, 3 and 5 listed in the previous section.

The City of Martinsville



Police Department

Applicant

Personal History Statement

**CITY OF MARTINSVILLE
POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation of your background to determine your suitability for the position for which you have applied. Please fill out the questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions will bar or remove you from further consideration for employment.**
- (3) **Failure to follow instructions or answer questions completely and accurately may bar or remove you from further consideration for employment.**
- (4) **All** time periods in your background **must** be accounted for.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number change). Notification of such changes must be submitted in writing to the Martinsville Police Department Personnel & Training Unit.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office at (276) 403-5300 for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please **TYPE** or clearly **PRINT** (in black ink) your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach a separate sheet of paper and refer to the section heading or number. **We strongly recommend** that you preview this form before writing on it. Some sections/pages may need to be photocopied prior to completion to ensure that you have enough space.

**Martinsville Police Department
Recruitment and Hiring
55 West Church Street
Martinsville, VA 24112
(276) 403-5300**

1) PERSONAL

NAME:		Last	First	Middle
Other names (including nicknames) you have used or been known by				Social Security Number
Address at which you can be contacted – DO NOT USE PO BOX				
Street				
City		State		Zip Code
Phone Numbers:				
Home:		Hours:	Work:	Hours:
			Cell #:	
Height	Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)
Marital Status – List marriage date if applicable			Your place of birth	Your date of birth
If divorced or separated, list all previous spouses and dates of separation or divorce				
Current Name		Current Address		Phone Number

2) SPOUSE, CHILDREN, AND DEPENDENTS

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name		Address	Age	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives). Continue on back if necessary.

Name	Phone #	Address of Residence	Dates (mm/yy)

3) REFERENCES AND FAMILY LISTINGS

In the spaces below, please list at least 3 people as references who have knowledge of you and your qualifications. **Exclude relatives in this section.** Please provide at least two phone numbers for each reference.

Name	Relation to You	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

In the spaces below, list the requested information on your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters, and step-siblings. Include their relationship to you and at least 2 phone numbers if possible.

Name / Relationship	Address	Home / Work Phone #
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

4) EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post - Secondary schools include colleges and universities, graduate schools, business and vocational schools, or any formal education beyond high school level.) Yes ☐ No ☐

If "YES," please explain (include school, date, and circumstances).

Do you speak a foreign language? Yes ☐ No ☐ If yes, identify the language and your level of comprehension. Language _____.

Reading	<input type="checkbox"/> Very Fluent	<input type="checkbox"/> Somewhat fluent (can read above beginner level)
Writing	<input type="checkbox"/> Very Fluent	<input type="checkbox"/> Somewhat fluent (can write above beginner level)
Speaking	<input type="checkbox"/> Very Fluent	<input type="checkbox"/> Somewhat fluent (can speak above beginner level)

Please indicate below all the schools you have attended beginning with high school.				
Name of School	Location of School (City & State)	Date Attended From To		Did you Graduate? Please List any Degree Obtained

If you do not possess a college degree, how many college semester credits have you successfully completed / earned?

5) RESIDENCE

Please list all your residences since 16 years of age, include those while in college and the Armed Forces. Begin with your most current residence. DO NOT USE P.O. BOXES.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

List any organizations, clubs, fraternities, sororities, civic groups, and social groups of which you are now, or have ever been a member of or associated with. Indicate any office or position held.

6) MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserves? YES ☐ NO ☐

If "Yes", please supply the following information:

Branch of Service	MOS	Dates of Service	Type of Discharge or Current Status
		____/____ to ____/____	
		____/____ to ____/____	

Are you currently participating in any military reserve or National Guard program? YES ☐ NO ☐

Did you receive any disciplinary actions while in the military ? YES ☐ NO ☐

If "Yes" please explain.

List your rank and describe your duties:

List all duty stations, including Basic Training and other specialty schools:

Military Installation	City / State	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

7) FINANCIAL

Please fill the financial statement below. Be complete and accurate.

Current Monthly Income		Current Monthly Expenses	
Your salary-----→	_____	Real Estate (mortgage) Payment(s)-----→	_____
Spouse's salary-----→	_____	Rent-----→	_____
Other monthly income - describe:		Other monthly payments – list any monthly obligation over \$100 per month (this would include school loans, car payments, other bank loans, etc.). Do not list utility expenses (gas, electricity, etc.).	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENDITURES	\$ _____

Current Assets		Current Liabilities / Debts	
Savings -----→	_____	Real Estate Indebtedness -----→	_____
Checking -----→	_____	Long-term loans -----→	_____
Real Estate -----→	_____	Charge accounts -----→	_____
Stocks and Bonds -----→	_____	Other Liabilities - describe:	
Autos -----→	_____	_____	_____
Other Assets - describe:		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

7) FINANCIAL

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Type of Debt (credit card, loan, etc.)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan ? YES ☐ NO ☐

If "Yes", please give details (include when, where, why). Include a copy of all court related papers.

Have any of your bills ever been turned over to a collection agency ? YES ☐ NO ☐

If "Yes", please give details (include when, firms involved, circumstances).

Have you ever had purchased goods repossessed (taken back)? YES ☐ NO ☐

If "Yes", please give details (include when, firms involved, circumstances).

7) FINANCIAL

Have your wages ever been garnisheed? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on child support payments? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

8) LEGAL

Have you ever been charged with a violation of law; arrested; or issued a defendant summons for ***any*** offense? Include adult and juvenile offenses and all dismissed, dropped, not prosecuted, sealed or expunged charges. **Do not include traffic offenses.** Yes ☐ No ☐ If "Yes", provide the following information below.

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Have you ever committed an illegal act or done anything that would have been considered illegal if caught? Include adult and juvenile incidents? Yes ☐ No ☐ If "Yes", provide a detailed explanation below.

[illegible]

8) LEGAL

Have you ever committed, been charged with, or convicted of a domestic assault type offense? For example: assaults against family members; stalking; threats; or violations of a Protective Order. YES ☐ NO ☐ If "Yes", provide details below.

Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action? YES ☐ NO ☐ If "Yes", please give details (include when, where, name and location of court, and circumstances).

Have you ever had a criminal warrant or Protective Order issued against you; or have you ever obtained a criminal warrant or Protective Order against someone else? YES ☐ NO ☐ If "Yes", provide details below. Do not include cases if you are/were a law enforcement officer.

Are you now or have you ever been a member of any organization, gang, group of individuals, movement, or association that:

- | | | |
|--|-----------------------------|------------------------------|
| ➤ advocates denying other individuals their equal civil rights or liberties? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| ➤ advocates the overthrow of our constitutional form of government by force or violence? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| ➤ has conducted or been involved in any illegal activity? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |

If yes, please list the organization and details below.

9) MOTOR VEHICLE OPERATION

Drivers license number	Name under which license was granted	Exp. Date	State
Please list <i>other states</i> where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State

Have you ever been refused a driver's license by any state? Yes ☐ No ☐
 If "Yes", please give details (include when, where, why).

Virginia law requires that operators and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for your vehicles:

Make	Year	Insurance Company	Phone Number	Policy Number	Expiration Date

Please list all traffic citations (exclude parking tickets) you have received.

Nature of Violation	Location (City/State)	Date	Disposition
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>

9) MOTOR VEHICLE OPERATION

Have you ever been involved as a driver in a motor vehicle accident? Yes ☐ No ☐

If "Yes", give details for each accident.

Date	Location	Police Investigation:	Police Agency	Type:	
				Injury	Non-injury
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Has your license ever been suspended or revoked by Virginia or any other state? Yes ☐ No ☐

If "Yes", please give details (include what, when, where, why).

Have you ever been charged or convicted of a DUI related offense? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

10) GENERAL INFORMATION

Are you a citizen of the United States? Yes ☐ No ☐

Are you legally eligible to work in the United States? Yes ☐ No ☐

If you are successful in gaining an appointment to this Department, do you expect to engage in any other gainful occupation? If "Yes", please explain. Yes ☐ No ☐

10) GENERAL INFORMATION

Are you currently using any illegal drugs? If “Yes “, explain.

Yes ☐

No ☐

Have you ever used any illegal drugs? If “ Yes”, explain.

Yes ☐

No ☐

Have you ever purchased, transported, and/or sold any illegal drugs? If “Yes”, explain.

Yes ☐

No ☐

Have you ever manufactured or stored any illegal drugs? If “Yes”, explain.

Yes ☐

No ☐

Do you participate in a social networking capacity.

Yes ☐

No ☐

If yes, please provide the name of the service(s) that you have:

10) GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed weapon? Yes ☐ No ☐

If "Yes", please provide the following information:

Permit granted?	Type Weapon	Date	Law Enforcement Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Purpose for permit:

Have you ever applied for employment with another law enforcement agency? Yes ☐ No ☐

If "Yes", please provide the following information:

Agency Name (City & State)	Position	Date	Disposition / Status

Have you ever applied for employment with this Department? Yes ☐ No ☐ If "Yes", list below:

Position	Date	Disposition

Are you acquainted with any members of this Department? Yes ☐ No ☐ If "Yes", please list.

Have you ever participated in an internship program with a Law Enforcement Agency? Yes ☐ No ☐

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Have you ever been refused insurance for any reason other than failure to pay a premium? YES ☐ NO ☐
If "Yes", please explain on back of this sheet (include company name and address, date and reason).

11) EMPLOYMENT

Beginning with your most current employment, please list in descending order all jobs (including part-time, temporary, and voluntary positions) you have held for the past 20 years. (For the purposes of this employment history report, voluntary work should be included as employment.) Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment				Name and address of employer		Telephone number	
<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. _____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary				_____ _____ _____ <u>Title or duties</u> _____ _____ _____		_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____ _____	
Your name if different				Salary			
				Starting:		Ending:	
Termination Status							
<input type="checkbox"/> Voluntary Resignation		<input type="checkbox"/> Resigned in lieu of being fired		<input type="checkbox"/> Fired		<input type="checkbox"/> Position Eliminated	
Explain:							

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

Dates of Employment		Name and address of employer	Telephone number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	Mo.	Yr.	TO:	Mo.	Yr.
			/			/	

11) EMPLOYMENT			
Dates of Employment		Name and address of employer	Telephone number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

Dates of Employment		Name and address of employer	Telephone number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

11) EMPLOYMENT					
Dates of Employment		Name and address of employer	Telephone number		
<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. _____/_____ / _____/ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		_____ _____ _____ <u>Title or duties</u> _____ _____	_____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____		
Your name if different			Salary		
			Starting:		Ending:
Termination Status					
<input type="checkbox"/> Voluntary Resignation		<input type="checkbox"/> Resigned in lieu of being fired		<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Explain:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr. <div style="text-align: center; margin-top: 10px;">/</div>
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Dates of Employment		Name and address of employer	Telephone number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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11) EMPLOYMENT					
Dates of Employment			Name and address of employer	Telephone number	
<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. _____/_____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			_____ _____ _____ <u>Title or duties</u> _____ _____	_____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____	
Your name if different			Salary		
			Starting:		Ending:
Termination Status					
<input type="checkbox"/> Voluntary Resignation		<input type="checkbox"/> Resigned in lieu of being fired		<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Explain:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr. <div style="text-align: center; margin-top: 10px;">/</div>
---	---------------------------------------	--

Dates of Employment		Name and address of employer	Telephone number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____ / ____ ____ / ____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation		<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

Please list all employment for the past 20 years. If additional pages are needed, duplicate this page and attach in chronological order. Please be detailed as possible.

11) EMPLOYMENT

Would any problems result if your present employer were contacted during the course of the background investigation? Yes ☐ No ☐ If "Yes", explain why.

When should such contact be made? _____

If you have had no prior employment, please explain.

Have you ever been disciplined, suspended, or otherwise received punitive actions at a current or former place of employment? If yes, please explain. Yes ☐ No ☐

Are you willing to work any type of shift associated with the position for which you have applied? If "No" explain why. Yes ☐ No ☐

Have you ever been fired, asked to resign, or resigned because you believed you would be fired from a job? If yes, please give details (include when, where, & circumstances). Yes ☐ No ☐

Have you ever been involved in any administrative or internal affairs investigations? Yes ☐ No ☐ If yes, attach explanation regardless of whether it was conducted by your organization or an outside organization.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the City of Martinsville Police Department. If such intentional misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the City of Martinsville Police Department and will not be returned regardless if I am offered employment. I understand that any offer of employment is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility, if necessary, for employment.

I authorize the release of any and all employment related information that the City of Martinsville may request or any records pertaining to past or present employment which may now exist or exist in the future.

By submitting this Personal History Statement to the Martinsville Police Department, I am certifying that all information contained therein is true and complete.

Signature

Date Completed

**Martinsville Police Department
Recruitment and Hiring
55 West Church Street
Martinsville, VA 24112
(276) 403-5300**



THIS FORM MUST BE NOTARIZED**CITY OF MARTINSVILLE, VIRGINIA POLICE DEPARTMENT****PHYSICAL ABILITY AND PHYSICAL FITNESS TEST AGREEMENT**

I hereby release the City of Martinsville of any civil liability while I am engaged in the physical ability and physical fitness tests. I further understand that I am participating in these tests of my own accord. To the best of my knowledge, I do not have any physical or medical problems that might endanger my health while participating in these tests.

Full Name (Signature)

Full Name (Typed or Printed)

Social Security Number

Address

Telephone Number

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission expires: _____, 20_____.

THIS FORM JUST BE NOTARIZED**CITY OF MARTINSVILLE, VIRGINIA POLICE DEPARTMENT****RELEASE FOR BACKGROUND INVESTIGATION**_____
(DATE)

To Whom It May Concern:

I hereby authorize a representative of the Martinsville Police Department, bearing this release, or copy thereof, to obtain any information in your files pertaining to my police record, medical record, credit record, scholastic record, previous or present employment record for the purpose of background investigation.

In applying for employment with the Martinsville Police Department, I hereby waive my right of access to the letters relating to police records, medical, credit, scholastic or employment history and letters of recommendation.

Full Name (Signature)_____
Full Name (Typed or Printed)_____
Social Security Number_____
Address_____
Telephone Number

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____, 20_____.

CITY OF MARTINSVILLE POLICE DEPARTMENT

As a condition of my employment as a police officer for the City of Martinsville, I agree to complete the requirements for an associate degree in law enforcement within four years from my date of hire. I understand that the City agrees to pay up to \$1,250 per year toward the attainment of such degree. I understand if I fail to complete such requirements, or if I leave city service prior to completing degree requirements, the City of Martinsville will be reimbursed all tuition and expenses.

Full Name (Signature)

Full Name (Typed or Printed)

Social Security Number

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My commission expires on _____.